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Original.

OPERATION FOR ANCIENT DISLOCATION OF ELBOW AND BRIDGE OF CALLUS BETWEEN RADIUS AND ULNA.*

BY JOHN B. ROBERTS, M. D.

The patient had an old dislocation of the elbow, which occurred two years ago, and was the result of a fall from a carriage, which was overturned. The injury was evidently a backward dislocation of both bones of the forearm, with compound fracture of the radius at the junction of the upper and middle third. The injury occurred two years before the patient, who is exhibited, came under my care at the Woman's Hospital. She at that time had the right arm rigidly extended with no motion at the elbow; suffered with pain and numbness in the fingers at the ulna side of the hand, due to pressure on the ulna nerve, and had a suppurating sinus at the point of depression, shown in this cast made of the arm before operation.

It seemed to me that it was proper to attempt to treat the old dislocation, although of two years' standing, by making a resection in order to get the arm in a flexed position. I cut down upon the olecranon, and found that the head of the radius and the olecranon were soldered by callus, to the humerus, in the abnormal position. The ulna nerve was displaced and in a condition of tension. I was compelled to chisel loose the radius and ulna and cut off the triceps tendon in order to put the bones at the elbow in the position of flexion, which would be so much more useful and convenient, even if the elbow were immovable. In order to unite the triceps tendon to the ulna after flexing the joint, I was obliged to lengthen it

by cutting a V-shaped flap out of the tendon. This I did with its apex upward, and then turned the flap over with its point downward, and sutured it to the stump which had been left attached to the olecranon. I used silk sutures. I lessened the tension on the ulna nerve by replacing it; in the course of a few days the numbness of the fingers disappeared.

In order to cover in the gape in the skin, I made a large plastic operation by dissecting a flap from the forearm. Her arm was now flexed at a right angle, and in the course of, perhaps, two months, I got a considerable degree of motion. The radius and ulna were still united at the seat of the sinus by a bridge of callus, which prevented pronation and supination. I therefore determined to cut down and chisel out of the bridge of bone and see if I could establish pronation and supination. Upon cutting down I found a sequestrum due to necrosis of the radius at the point of fracture. I chiseled away a considerable amount of bone and took out the dead portion of the radius. Knowing that the head of the radius would not be likely to rotate, as it had no cartilage upon it, I determined to make an artificial joint in order to get some pronation and supination in addition to the amount of flexion already obtained at the elbow. I excised three-quarters of an inch of the radius, and then encouraged the girl, after I had removed the portion of bone and the wound had partly healed, to make motions of rotation of the hand.

She obtained a certain amount of passive supination and pronation, and the fingers became more flexible. During our endeavors at making passive extension and flexion of the elbow, fracture of the ulna took place, some weeks later, in the upper third of the shaft. This necessitated putting her arm in a

*Read before the Surgical Section of the College of Physicians of Philadelphia, Meeting of March 9, 1894.

splint and prevented our continuing with the massage and other motions to get motion at the elbow and wrist. As the elbow would probably become stiff, I, in order to get the hand more toward the face, allowed the fragments to unite with a little angularity. You see now a bend or angular deformity at the seat of fracture, which enables her to bring the hand nearer the mouth than otherwise would have been possible. The wound has not entirely healed. She lost nearly all the flexion and extension she had from the first operation during immobilization of the joint for repair of the fracture of the ulna. She has a little motion at the elbow, not enough to be useful; there is practically no supination or pronation of the hand, but the numbness of the fingers is gone, and she can bend her fingers, which were stiff, pretty well. She has, and had, good motion at the wrist. We have not gained a great deal, therefore, except the right-angle position of the elbow, motion of the fingers and freedom from pain and numbness. If fracture had not taken place I think we would have obtained considerable motion at the elbow and have been able to maintain the false joint at the point of radial resection so as to give her some rotation of the hand.

The case is interesting to me because of the lengthening of the tendon of the triceps, the attempt to establish a point of motion in the shaft of the radius, when the head is adherent by ankylosis to the humerus, and the ease with which bridges of callus uniting the radius and ulna can be removed.

GOUT AND THE TEETH.*

BY HENRY BURCHARD, M. D., D. D. S.,
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There are two things which are worthy of the respectful consideration of every physician or surgeon. By far the most common cause of trigeminal neuralgia is some disease of the teeth. This may be the exposure of hyper-sensitive dentine; an irritation or inflammation of the tooth-pulp; any degree or type of pericementitis; and retention of fragments of teeth after attempts at extraction. To these must be added encysted teeth, or those which have such malposition that eruption is deferred or impossible.

There is too much disposition among medical men to view teeth as little more than possible signs of hereditary syphilis, and the cause of gastro-intestinal disturbance in children; beyond this the ma-

jority of physicians do not concern themselves.

Certainly the most eminent men of the medical fraternity recognize what an important part the peripheral irritation, arising from dental diseases, plays in the causation of other and more serious maladies. Everyone is, of course, familiar with the work done by Dr. Miller, of Berlin, in dental bacteriology. There is another subject for consideration to which he calls attention—the number and variety of pathogenic organisms which find an ideal breeding-place in the human mouth. All the pyogenic cocci; those of septicemia, of pneumonia, of actinomycosis, etc.

The more dental disease remains uncorrected, the more flourishing the colonies of these organisms.

Another matter, simple, to be sure, but one in which eminent medical men have frequently erred—the distinction of diseases of the dental pulp and of the tooth's periosteum. The pulp of the tooth is not its tactile portion; it is rather that of special sense, the thermal; for thermal changes are about the only cause of response in the healthy pulp. The tactile function resides in the tooth's periosteum, the pericementum.

Teeth which respond to concussion, or pressure, have the pericementum, not the pulp, affected; in these cases the pericementum will be found dead, decomposing, or absent. Vice versa, those which respond to thermal changes, as a jet of cold water thrown in the cavity, have the pulp affected. In the latter case, sedatives, warm syringings, and stopping are in order; in the former such measures would serve to increase the difficulty through retention of irritating materials; they require antiseptic washings, such as 15-volume solution of peroxide of hydrogen.

After marked pericemental inflammation, abscess usually supervenes. All counter-irritation in these cases should be in the mouth, localized over the gum of the affected tooth. In these cases much damage is done, even to-day, by the use of poultices.

There is a disease of the dental periosteum which has for years attracted much attention. It is known as pyorrhea alveolaris, or better termed phagedenic pericementitis. This disease is the cause of the loss of as many, if not more, teeth than dental caries. As the name implies, it is a progressive destruction of the tooth's periosteum. Erosion of the teeth is another disorder known to dentists.

The purpose of this paper is to point out the association of these disorders with the uric acid diathesis, and their striking likeness to gouty affections.

The uric acid condition is one arising through faulty metabolism, causing the production and retention in the circulating fluid of an excess of uric acid, followed by the changes of tissue degeneration or those arising from the presence of a constant irritant in any member of the connective-tissue group. This leaves open the all-important question

Abstract of paper Read before the Philadelphia County Medical Society, April 11, 1894.

of the exact origin of the waste product. According to all authors, heredity plays the important part as a predisposing cause. An ingestion of an undue amount of nitrogenous food, or the increased consumption of malt liquors or heavy wines is the exciting cause. Prominent among the attendant disorders is fermentative dyspepsia, a complexus of symptoms known as portal engorgement, cirrhosis of the kidney, and subacute or chronic inflammation, or rather irritation in any of the fibrous structures.

For dental diseases.—Dental erosion is a progressive loss of tooth substance through a process of decalcification, a chemical solution of the lime salts of the teeth, evidently not associated with dental caries and which the therapeutics of caries does not check. Its action is largely confined to those portions of the teeth in contact with the labial and buccal mucous membrane.

Phagedenic pericementitis is a degeneration of the retentive apparatus of the teeth which arises without mechanical violence, specific virus, or the selective action of drugs, and proceeds to its termination with or without the formation of calcic deposits and true pus (although the pus and deposits are usual associates), the process terminating with the loss of the teeth. It is unusual to preface the pathology of a disease by its clinical history, but it will be more clear in this instance. The teeth attacked are dense and hard; the variety which resist the causes of dental caries. Men and women are alike subject to it. As a rule the disease is evident only after the patient has attained an age of 30 or over. Although it does exist in some cases before that age, its occurrence is unusual.

There are two types of this pericementitis, depending upon the portion of membrane first attacked. The more common, and as some erroneously suppose, the only type, begins as a marginal gingivitis. The earliest symptom is a deepening of color and a softening of the gum tissue at the neck of the tooth. The inflammatory appearance increases, and by the time the case receives attention the close attachment of the gum to the tooth at this point is lost. Pockets are thus formed in which are found concretions, and pus is oozing or may be pressed from the pouches. This process continues; there is degeneration of the pericementum; an inflammatory degeneration, or a molecular necrosis; increased deposits of lime salts are found as the denudation of the tooth's root proceeds. The attachment of these teeth lessens particle by particle, thus adding another source of destructive irritation, undue mobility. One by one, they lose their retentive apparatus, the pericementum, and are extruded—cast off as foreign bodies. This ends the process; there is no tendency toward extension to the maxillary periosteum. At the utmost this may be destroyed at the edges of the alveolar process and we have a slight amount of molecular necrosis at that point in consequence. The deposits are usually hard and scaly, strongly ad-

herent. In contra-distinction to the ordinary salivary calculi, they are found beneath the gum, not on it.

The disease either persists or recurs despite all local therapeutics. It is this more than for any other reason that the condition has been ascribed to a constitutional cause. As for the dental erosion we find in teeth of good structure a loss, particle by particle, of the enamel, and after this the dentine. This is in such situations that the ordinary solvent, lactic acid, produced by the action of micro-organisms is in the least amount. This is the essential difference between erosion and caries. The process is usually seen when one of the superior anterior teeth is attacked. Commonly a groove or grooves may be seen, caused by a loss of enamel upon the labial faces of one or more of these teeth. The amount of enamel surface (that containing the greatest amount of inorganic matter) affected is greater than that of the dentine. This is the reverse of the process of dental caries. These spaces of denudation are in such situation, and of such shape, as to exclude any cause except that arising from altered secretion of the mucous glands about the parts. Dr. E. C. Kirk, the editor of the *Dental Cosmos*, who has devoted much time to investigations as to this condition, has found an almost constant association of it with the gout.

In most cases a history of heredity and acute outbreaks. If the patient had not yet been the victim of gouty disturbance he or she did become so sooner or later. This is for disease with an incipient expression in mucous structures.

Cases are recorded of teeth in which the tissues about the necks of the teeth are intact and yet, dissociated from any of the usual causes of pericementitis, we see evidences of localized inflammation of the pericementum somewhere between the apex of the root and the neck of the tooth. The disease area spreads until there is a destruction of the entire pericementum and the tooth is lost. These cases may show no evidence of the formation of true pus until near the end, when micro-organisms gain entrance through a loss of continuity of the tissues at the neck of the tooth.

Dr. Kirk has in his possession a lateral upon which there is a destruction of the apical half of the pericementum and much of the cementum; the remainder of the membrane was intact. In this necrotic area, and near the apex, was a deposit—a calculus evidently formed in the pericementum, for its attachment was so slight that it was lost. This prevented chemical analysis.

The deposits taken from these teeth have been analyzed. While some give the murexide reaction, certain others, with a clear history of gout, show not the slightest trace, being composed of phosphate of lime.

All local causes having been found insufficient to explain the course and phenomena of this particular disease, a constitutional disorder has been deemed a necessary condition for its existence.

The persistence after removal of local causes assures as in such a position. Search has been made among general diseases for one which would produce a degeneration of articulative tissue with an accompaniment of crystalline deposits. In the practice of medicine but two such diseases are known—rheumatism and gout—including here as close associates of gout, rheumatoid arthritis and lithaemia. The pathology of rheumatism does not explain or agree with that of phagedenic pericementitis. We are thus driven by a process of exclusion to viewing gout as the predisposing cause. The question now is: Will the pathology of gout explain every stage of the dental disease?

Gout is hereditary in a large proportion of cases; not that this or any disease, except in a few rare instances, is inherited, but regarding heredity as an expression of the transmission of a type of tissue. That women, who are not commonly the subjects of gout, are the victims of phagedenic pericementitis, is not an argument against gouty origin; for rheumatoid arthritis is the form assumed by hereditary gout in the female (Da Costa).

In the individual who has such a family history there is a predisposition to the formation and non-elimination of an excess of waste material of nitrogenous origin. It is rational to conceive this process as one of gradual growth; although decided manifestations of the morbid influence of the retention of these waste products do not assert themselves before middle life, the predisposition exists, and the disease process probably extends over a period before becoming recognized, the body at large resisting the morbid influence until the power of combating it is lost at some weak point or points, and the disease asserts itself. Its effects may be so insidious that our means of discrimination are insufficient to discover any aberration from an ordinary healthy standard. Like any other general irritating substance, it may be present in any amount; all other conditions being alike, the effects are in direct ratio of the amount. Results of the action of these pathogenic materials would be most evident in peripheral parts—that is, in situations where there is a scarcity of blood vessels surrounded by fibrous tissue, the least vascular parts being the first to suffer. According to the degree of irritation, we may have any stage of vascular perversion, from a slight increase in the flow of blood to the stasis which precedes necrosis; in the cellular elements, any stage from the stimulation which promotes constructive metamorphosis to the paralysis resulting in coagulation necrosis.

The most important of all questions relating to this matter is the exact mode of production of these waste products. Until it be ascertained whether this is an expression of faulty food metabolism or of an incomplete retrograde tissue metamorphosis, we are in the dark. Again, what part may be performed by the excretory organs and the oxygen-carriers of the

blood? We may suspect the blood corpuscles to have a close relation, as there are splenic changes present. Apropos of this, the thyroid gland and bone-marrow should also be involved; otherwise we have grounds for the formation of further hypotheses as to the physiology of the spleen.

It is by no means clear what influence the liver has in the production of gout. One would infer from a reading of some of Lauder Brunton's works that he suspected that organ to be largely at fault. It is presumed that any body—any crystalline substance—resulting from causes similar to those producing uric oxide would have analogous action. We know that xanthin, or, as it has been called, urons oxide, does form nuclei of cystic calculi.

Inflammations of fibrous structures arising from such source are, perhaps, more common than supposed or conceded. The presence of an irritating product, such as uric acid, even in slightly increased amount, could produce widespread disorders of a not severe type, and render inexplicably obstinate many disease processes usually amenable to treatment.

For purpose of comparison as to the active diseases, general gouty condition, and marked phagedenic pericementitis, Elstein's theory fits best. It is a nutritive disturbance first, leading to necrosis; and urates are deposited in the necrotic area.

For the minutiae of the dental trouble, first, the unusually hard and dense teeth, very commonly the subjects of pulp calcification. Accepting the uric acid diathesis to be a condition long existent, there will be for some period present in the circulatory fluids an excess of the irritating waste product, uric acid. From this there will be structural alterations in peripheral parts. Stimulation of the peripheral cells of the dental pulp is followed by an increased deposit of calcic material, necessarily lessening the amount of organic matter present. The density of the dentine increases; its vital parts decrease. This may continue until scarcely any vestige of vital matter is left within the teeth. They become of the variety which resists dental caries. The cirrhotic process affects the parts about the teeth; the alveolar process increases in density; the thickness and elasticity of the pericementum decreases. In this connection it would be a matter of great interest to note the structure of the teeth in young patients who have a family history of gout.

At a period during or approaching middle life, the gouty condition being present, it will manifest itself in one of two ways, the intensity of the action depending upon the amount of irritating material present and the amount of resistance offered by different tissues. Altered secretion is regarded as a milder form of disorder than tissue change. Function, in the majority of cases, is altered before structure. The presence of waste material will cause, in peripheral glands, irritation during its elimination. There are numerous mucous glands in the labial and gingival mucous

membrane. These may secrete an acid capable of acting as a decalcifying agent upon the lime salts of the teeth; this would explain the phenomena of erosion.

Function is in correspondence with structure; teeth of this type are designed for hard, vigorous usage. From their structure they are exposed to two probable sources of debility; one, that they may become through their lessening vascular supply of the nature of bodies foreign to the structures which support them; the other—it is questionable if, in civilized life, 90 per cent. of persons give their teeth sufficient use in view of this fact; for teeth of this description doing the amount of work their structure demands is out of the question. More than this, gouty patients are frequently gourmands, and indulge in food requiring little mastication.

Disuse and misuse are two prominent sources of debility in any part of the organism. The vital parts of such teeth will, therefore, come to a state of atony through disuse. Their resistive power to morbid agents will be weakened. Disease attacks preferentially a weak part; rather, a weak part permits the existence and growth of the causes of disease. According to the evolutionist definition of life it is questionable whether a perfectly healthy part can become the subject of disease. These organs are, therefore, in fit condition for the development of disease process, through their acquired debility.

The teeth and their attachments to the alveoli form articulations; the pericementum is the periosteum of the tooth's root, and the ligament which binds it to the bony walls enclosing it—the type of tissue for which the gouty poison seems to have selective action.

According to Ebstein, the gouty process is essentially necrotic. This is in marked gout, but there must be every stage of vascular disturbance antedating the necrosis. According to the degree of irritation will be the effects. Every medical man has seen gouty attacks, ranging from a slight metatarsophalangeal arthritis to the variety accompanied by excruciating pain, followed by deposits in the joint. So with the teeth, the phagedenic pericementitis may be an inflammatory degeneration or a necrosis of the fibrous—in fact, of all the articulative tissue. The waste matter is now in amount sufficient to produce structural degeneration. An early angiomatous change will be a swelling of the intima; this, in small vessels, will markedly impede, if not check the flow of blood. The tissues are starved, and to the extent of innutrition there will be either inflammatory degeneration or molecular necrosis.

For the deposits, preceding their formation, there is an acid reaction in the necrotic area; the blood having lessened alkalinity, through the presence of an excess of uric acid, a substance insoluble in acids meets the acid tissues and uric acid or urates are deposited. As before mentioned, the tests for uric acid did not always, nor frequently, demonstrate that substance to be present in

the dental deposits. These, as analyzed by Dr. Kirk, are frequently found to be phosphate of lime. It is probable that a small crystal of a urate has acted as an irritating point around which the calculus has formed. The deposits at the necks of teeth, just beneath the free margin of the gum, do not resemble ordinary salivary calculus, or the deposits which are found near the apices of the teeth. Their probable origin has a close connection with the secretion of the mucous glands, which lie just within the border line of the gum. As the disease progresses these encroach more and more into the area of necrosis, or their presence forms the continued irritation which determines the persistence of the disease.

As before stated, there are cases where we have no visible signs of pus. If the disease begins at the gum margin pus is probably always formed; the analogous phenomenon of gout is the tophic abscess. Several pathogenic cocci have been isolated, but there is absolutely no evidence that the disease has such a cause.

For a summing up—There is a dental disease for which local explanations as to cause do not suffice. George B. Wood, Niemeyer, Garrod, Duckworth and Bartholow, among medical men; Marshall, Peirce, Kirk, Jack and others, among dentists, note the association of the disease with gout; in very many cases a clear history of heredity and acute outbreaks. Search has not been thorough in certain instances to determine whether or not obscure gout be present. Other cases show decided evidence of lithemia. After the removal of all visible sources of local irritation the disease of the teeth either persists or recurs after some lessening of the severity of the local symptoms.

Some of the cases recorded by the dentists named are as follows: The teeth of certain individuals, with or without a definite history of gout, become susceptible to periosteal irritation, even an inflammation, and this in the absence of the usual local irritants.

The ingestion of an undue amount of nitrogenous food or heavy wines is followed by one of these attacks of pericementitis. Upon a withdrawal of these substances from the dietary, there is a disappearance of the local inflammation.

There is but one deduction from this: the disorder must be due to faulty metabolism.

We have a local inflammation, due to the formation and retention of what should be waste product; and what more is gout?

There are two elements—one a faulty metabolism; another, the organs of excretion do not functionate properly. As far as we have evidence, the latter seems to be the element which determines an attack of gout.

Faulty metabolism might, and no doubt does, cause the formation of incomplete oxidation products, and these excite disorders of a mild type in many, very many persons; but it is only when the organs of elimination have reached

and passed the limit of their function that weak parts give way, and an explosive attack of gout results.

There is no reason why any member of the same group of substances might not play the irritant role; xanthin or urous oxides, uric acid or uric oxides, in excess they are both irritants. Pathological chemistry certainly gives but meagre account of the origin of both substances.

In about 75 per cent. of cases of true phagedenic pericementitis, dentists give an unfavorable prognosis, and despite all local measures of therapeutics results justify such an opinion.

This fits Ebstein's theory of gout, the process essentially necrotic. In any disease a prognosis is favorable to the extent to which cause may be removed and effects remedied. Both these objects are difficult or impossible of attainment thus far in the dental disease.

As for the question of therapeutics. A condition in which there is altered secretion, necrosis of certain connective tissues, with a consequent undue mobility of the teeth, the presence of necrotic material, and more or less of foreign bodies; added to these, the continuance of a predisposing cause which is also acting as an excitant. The indications are, of course, the removal of all the causes; a cure cannot be effected while any of them persists. All dead and foreign materials are to be removed. All bacteria to be destroyed, and their further action made difficult or harmless. Faults of occlusion are to be remedied; loose teeth so fixed by splints that rest of the loose organs is assured. Local vascular disturbance is to be controlled. This is as far as local measures can be carried, and the daily experience of dentists demonstrates it to be insufficient.

General treatment involves the correction of the secretion of glands of the parts about the teeth. This evidently can only be accomplished by a removal of the causes which give rise to the formation of incomplete waste products.

The gastric and intestinal catarrh must be corrected; as the gastric disturbance is of the fermentative type, a lessening of the amount of carbohydrates in the dietary is quite as important as modifying the type of the nitrogenous ingesta.

Many of the cases give evidence of the condition known as portal engorgement. Whether affection of this organ is the primary cause of the faulty metabolism is a question of the utmost importance. The changes in fibrous structures at large, such as in the tissue beneath the bronchial and pulmonary epithelium, in the connective tissue of the kidney, etc., are not within the province of our special therapeutics. Certainly the general indication is the elimination of the retained, irritating waste product. How else does colchicum act? Many symptoms are relieved by producing an increased alkalinity of the fluids of the body. In some situations concretions are removed through the solvent action of lithium salts, but it is out of the question to hope for

such a result with dental deposits. The tartrate of potassium and sodium is one of the agents used for the double purpose of producing alkalinity of the circulating fluids, and as an eliminant through the prima via. This fact has suggested to Dr. Edward C. Kirk the advantages of replacing one of the bases of this tartrate by lithium; a lithium Rochelle salt is the result. The virtues possessed by this compound over the usual lithium salts and the official Rochelle salts is evident. While it performs the office of the tartrate in bringing about an increased alkalinity of the blood, there is added the uric acid solvent, lithium. It has a mildly laxative effect. Where it has been tried there has ensued a speedy amelioration of the annoying symptoms of lithaemia due to clogged excretion.

Dr. Bartholow calls attention to the value of manganese salts in the treatment of the gouty condition. This aids first in a correction of the gastric disorder, and secondly, as in the case of permanganate of potassium, increases the oxidizing function. Iron should, therefore, be doubly useful in the anaemia of the gouty diathesis. In this connection is it not possible that certain obscure maladies, relieved through the inhalation of oxygen, may be cases of obscure gout, masked lithaemia?

ABSCESS OF THE SPLEEN.

Nolen, in describing the following case, remarks on the difficulty of its diagnosis, and mentions that the cases recorded in medical literature, which resulted in recovery after operative treatment, only number five. The patient, a woman, 25 years of age, six weeks after confinement, began to feel ill and feverish. Typhoid fever was suspected. Suddenly she had an attack of acute pain in the left side, followed by difficulty in breathing. On examination it was found that a pleuritic effusion had taken place in that spot, and that the spleen was greatly enlarged. There was, however, no tenderness. The diagnosis was now altered to splenitis, perisplenitis, pleuritis, and an operation was decided on. On the outer side of the left rectus a long incision was made, extending from the arch of the ribs straight downward. A cavity was laid open, from which about a litre of pus of a dull brown color and a faintly sweet smell escaped. The peritoneal cavity was not opened. After draining the wound was plugged with iodine gauze. Recovery was uninterrupted, and the pleuritic effusion was entirely absorbed. The entire absence of pain was a remarkable feature of the case. The question whether the patient had really been suffering from typhoid fever or whether the development of the abscess was connected with parturition is impossible to decide. In both cases the proximate cause must be looked for in an infectious embolus.

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TIGHT DRESSING AMONG WOMEN.

As the binder is harmful to the infant, so is the corset to young and growing girls, not to say older women.

We have recently received proof sheets of an article, apropos to this question, by John Ellis, M. D., on "The Great Evil of the Age," portions of which are worthy of repetition here:

"Looking simply at the physical development, health, symmetry of form, beauty, increase and perpetuity of the native American people, it is perfectly safe to say that tight dressing, as it is practiced to-day among the women and girls of our country, is the greatest evil that exists.

"Seventy years ago tight dressing among women was principally confined to the waist and the chest, but to-day it is carried down as low as possible toward the hips. Of late years we have had advertised, by the manufacturers or their agents, corsets for 'contracting and elongating the waist,' and we see the sad results of their use in the deformed women all around us.

"With such illustrations before them, what is more natural than that the young girls should feel that their bodies should be forced into the shape represented in the fashion plates before them, and too many mothers are anxious that their daughters should be dressed in a fashionable style, and they know very well that the natural human form can only be thus distorted by the means of corsets, tight dresses or bandages, applied to their girls while young, so as to forcibly restrain the natural development and growth of the waist, abdomen and hips, mechanically as the Chinese fashionable mother prevents the growth of the feet of her girls.

"In the symmetrical, well-formed woman the hips are much broader in proportion to the breadth of the shoulders than they are in men, but when the development of the waist and abdomen are mechanically prevented from expanding, the muscles which extend from these structures to the bones of the pelvis being thus bound down, they hold in and prevent the full development of the pelvis. In many of our young women the pelvis is not broader in proportion to the shoulders than it is in men. This deformity is far-reaching in its consequences.

"Now, just look at the pelvis or hips and abdomen of our fashionable women as represented in the fashion plates in our periodicals; with the pelvis thus deformed, and the bowels crowded down upon the organs within it, judge for yourself what possible chance is there for an orderly development of the unborn child in that freedom which the Lord intended for it when He created woman? What are the results all around? Unnecessary suffering and danger attend child-bearing in a vast number of cases, and premature births are not infrequent. Only think of the displacements and diseases and functional derangements which so frequently result from tight dressing; all profitable to the doctors, but, alas! entailing suffering upon so many of our women, especially wives and mothers. Nor are the diseases and suffering caused by tight dressing confined to the lower portion of the body.

"Dr. Mary Wood Allen in *The Journal of Hygiene and Herald of Health*, in an excellent article on 'Round-Shouldered Girls,' says, in regard to the organs within the trunk or chest and abdomen: 'They are packed by the hand of Divine

skill, and to interfere with them is a matter of vital import.' Deformity of the shoulders is common, and a wonderful lessening of the capacity of the lungs for breathing is an inevitable result of this evil habit.

"Dr. Nathan Allen, of Lowell, who made careful investigation into the facts, said in the *Popular Science Monthly* that while in 1850 it was the exception where an American mother could not nurse her children, it was then (1883) in Massachusetts a question whether one-half of them could do so, and it is safe to say that there has been no improvement since the above date. Why this inability to nurse children? First, the waists of the women of our country had never been compressed and elongated to the extent they have been since 1850. The irritation and compression caused by corsets, stays and tight dresses applied to young ladies, sometimes cause indurations of the breasts, which, when these organs begin to secrete nourishment for the child, inflame and abscesses result, which interfere with nursing; and then the compression of stays, corsets, etc., often causes a retraction of the organs through which the child derives its nourishment; which renders it difficult for the child to nurse. Palpitation and other derangements of the heart's action often result from tight dressing. Second, there is often a want of lung capacity to properly renovate and purify the blood, owing to tight dressing, and an inability to digest the food required to sustain the vitality of the body, owing to the compressed state of the stomach and bowels. Third, owing to the want of an adequate base for the due support of the head, shoulders and arms, resulting from the contraction of the waist and abdomen, it is difficult for our women to take the active exercise and to do the active work which are necessary to give the vitality and strength required by a mother of children. 'The workers shall inherit the earth.'"

LET US HAVE LESS OPERATING BUT BETTER TEACHING.

Who holds the best clinic, turns out the greatest number of interesting cases, has the best results?

This is a question often asked when one enters for a short time a great medical centre.

The general impression that the surgeon who has the largest exhibit of interesting cases on operating day is necessarily the most eminent of his craft is a fallacy, as well as that his is necessarily the most valuable clinic.

As a matter of fact, since the epoch of antiseptics, the number of cases to be operated upon has become so greatly enlarged that some clinics are practically overloaded and the labors of the operator are little more than mechanical.

Everyone knows that when the finesse of the operative stage is reached operator and assistants so close in about the patient that all view of the operative field is lost, and hence no information or knowledge is derived at the moment delicate and critical manipulations are begun.

The burden of the operator becomes greatly magnified when he addresses "old rounders," men of experience and fresh amateurs, for with the former he must employ a style unsuited to beginners.

It would be a vast improvement if surgeons would content themselves with the performance of but one capital operation for each clinic. Let him spend the greater share of his time in clearly setting forth the ground on which the operation is undertaken, the principles which govern its performance, its dangers, the probable consequences, etc., in such a manner as will make an indelible impression on the student. At each clinic let him endeavor to provide at least one case that will illustrate a certain class. In this manner his 30 or more clinics of the session will have fairly covered the field of operative surgery, for those who at least will commence as general practitioners.

An unfortunate impression prevails that the most brilliant operator is the best surgeon, and that the A to Z of surgery is to cut and mutilate. The conservative surgeon is he who only aims at aiding and not supplanting nature; who only takes up the scalpel when he has conscientiously exhausted all tentative measures.

Let the operator then cut less, but speak, describe, explain and impress more deeply the cardinal principles which underlie all surgical operations.

"THE MEDICAL BUCCANEER."

The latest development of the profession in the United States is the "buccaneer" physician. An American contemporary says it is of no use to talk about medical reform and elevating the profession, whilst the "buccaneer" is allowed full liberty to carry out his system of medical practice. "He plays his part in manifold ways. He often roams in high places, and may even wear a professor's gown. He looms up at medical conventions, and, indeed, may be an author of no mean position. He is always clamoring for reform; he wants to reform the code, let down the bars and clear the way, so that his pilfering career may be unhampered. His neighbor stands in mortal terror of him, because he well knows that should he be required to call him in consultation the new arrival would quickly oust him and coolly take possession himself. He performs impossible operations, and always cures every case, and the unsuspecting, simple-minded, honest plodder, as he reads his statistics, is quite overcome with amazement and admiration. He has a sneaking way of advertising. To get into the regular column of the quacks would be to mix with the common herd; moreover, it is highly expensive; therefore, he has himself interviewed, or one of his helpers will see to it that while the great man speaks, full stenographic notes are taken, and the thing, highly colored, will be spread broadcast in the early morning press." The genus is not altogether unknown in this country, but they are happily few in number and their field of work is extremely limited.

—Medical Press, April 28, 1894.

MASONIC HOSPITAL.

A Masonic Hospital Association has established a private hospital in Chicago, with Dr. G. Frank Lydston as medical director and surgeon in charge, and Dr. E. E. Page as superintendent. The headquarters are in the Champlain Building, corner State and Madison streets.

EDITORIAL CHANGE.

Dr. Dillon Brown will edit the Archives of Pediatrics, beginning with the July number.

Book Notes.

DISEASES OF THE WILL. By Th. Ribot. Translated from the Eighth French Edition by Merwin-Marie Snell. Published by the Open Court Publishing Co., Chicago, Ill.

Wherever the fault be, with the subjects of this book, its author or ourselves, we have to confess to no particular benefit gained from personal perusal of the pages making up the volume.

The subjects treated are: 1. Defect of Impulse. 2. Excess of Impulse. 3. Impairment of Voluntary Attention. 4. Realm of Caprices. 5. Extinction of the Will.

The writer, so far as we make out, is so purely agnostic as to view Will as a mode and manner of motion, rather than entity as expressed by Ego. He does not distinguish between instrument and user, and, therefore, is as unsatisfactory as though he should call music impaired or dead because a familiar flute or piano should be found out of tune.

This book may, however, be of use to the medically educated reader by reason of directing thought in direction of large interest and use to the psychologist and physiologist. The study of distinction between Ego and its instruments is one with analysis of the human hypostases, and this work will not unlikely suggest to a reader prepared for such investigation an examination. Converses are not infrequently found good finger boards.

BURDETTE'S HOSPITAL AND CHARITIES ANNUAL. By Henry C. Burdette. London, Eng. Published by the Scientific Press Company.

This is a work containing a review of the position and requirements and the cost of management of the voluntary charities, with an exhaustive record of hospital work for the year. It is a most useful and reliable guide to American, British and Colonial hospitals and asylums, medical schools and colleges, religious and benevolent institutions, dispensaries, nurseries and convalescent institutions.

BOOKS AND PAMPHLETS RECEIVED.
REPORTS OF FRIENDS' ASYLUM FOR THE INSANE, 1894.

THE SPECTACLE TREATMENT OF HYPERMETROPIA. By Boerne Bettman, M. D. Reprinted from the North American Practitioner.

RIPENING OF IMMATURE CATARACTS BY DIRECT TRITURATION. By Boerne Bettman, M. D. Chicago. Reprinted from the Journal of the American Medical Association, November 4, 1893.

SUBVCLUTION—A NEW PTERYGIUM OPERATION. By Boerne Bettman, M.D., Chicago. Reprinted from the Journal of the American Medical Association, March 24, 1894.

Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

ABSCESS IN THE ANO-RECTAL REGION.

These gatherings, says M. Quene, are always either originally a lymphangitis or adeno-phlegmous, consecutive to a lesion of the anus or rectum.

He bases his classification on histological anatomy, recognizes three principal varieties.

First, from a group of lymphatics in the inferior segment of the anus—the subcutaneous.

Second, from lymphatics in the meso-rectum, which is the starting point of that variety so graphically described by Richet and Pozzi as occupying the pelvic-rectal space.

Third, from a chain of absorbents which are lodged in the superior pelvi-rectal space and pursue a most tortuous course before they make their appearance through the perineum in the male or vagina in the female.

—Revue de Therapeutique, Medico-Chirurg. April 3, 1894.

SPLENECTOMY.

Mr. Pearce Gould removed the enlarged spleen of a woman, æt. 36, who had been for some time under the observation of one of his colleagues, Dr. Coupland. The spleen reached two inches below the umbilicus and half way between the left linea semilunaris and the linea alba. It was slowly enlarging. There was no leucocytosis and no history of malaria, and very slight anemia. The case was regarded as one of splenic anemia in its early stages, and it was believed that removal of the spleen would cut short the disease. Such a result, Mr. Gould pointed out, had been previously obtained, and all other treatment for these cases had been ineffectual, and they terminate fatally. A long incision was made in the left linea semilunaris and the spleen carefully delivered, the lower end first. The pedicle was a broad but exceedingly short one; it was tied with silk in seven ligatures, great care being taken not to wound the pancreas. The peritoneum on each side of the hilus was dissected up a little to make a safe pedicle, and the spleen cut away. There was no hemorrhage

from the pedicle. The wound was closed with three rows of silk sutures. Mr. Gould remarked on the advantage of a free incision, so that the spleen could be delivered easily without tearing its capsule; he thought it important not to make any traction on the pedicle, as such traction has been known to cause extreme collapse; the pedicle, he said, required very careful ligature, and the surgeon had to be very careful not to include any portion of the pancreas, as that accident had been known to cause gangrene of the gland. Hemorrhage, shock and injury of the pancreas were, in his opinion, the chief dangers of the operation.

It is satisfactory to state that at the end of the fourth day the patient was doing well.

—Medical Press.

RAPID RETROGRESSION OF A FIBROMYOMA OF THE UTERUS FOLLOWING AN AMPUTATION OF BOTH BREASTS.

M. Heindenhein, in No. 40 of Berliner-Klin-Mocheuscher, of 1893, has narrated a most remarkable case. The patient came to consult him about a very large fibro-myoma of the uterus, of such great dimensions that he advised against operation. It had been recommended before, but she refused. The patient, who was 44 years old, spent a season at Kreuznach, but without success.

Some time after her return, she again consulted M. Heindenhein for two troublesome tumors in both breasts.

He operated, amputating both mammae, and clearing out the axillary glands. But, great was his astonishment, when she returned six months later to him, to find that the mammoth tumor had practically disappeared.

M. Heidenhein attributes the retrogression of the tumor to the amputation of the breasts, and declares that should a similar tumor come under his care he should recommend an ablation of the breasts.

The case is a remarkable one, though we can scarcely formulate any rule of action on one case. It is well known that large fibroids sometimes disappear of themselves, and in a young woman it would be a serious affair to remove both breasts until other less radical measures had failed.

—Bulletin General de Therapeutique, 30 April, '94.

**TOTAL ABDOMINAL HYSTERECTOMY
IN CERTAIN CASES OF SUPPURAT-
ING LESIONS OF THE APPEND-
AGES OF THE UTERUS.**

Dr. H. Delageniere (Le Mans): Vaginal hysterectomy has not always been attended with good results in my treatment of pelvic suppurations. In one case I had to give up the attempt to remove a suppurating sac, and on another occasion I was obliged to leave the appendages, after having removed the uterus, the patient dying from cachexy a few months later. This is, in fact, one of the main arguments advanced by laparotomists against the methods of the hysterectomists, who, they say, sometimes fail to remove the appendages; although, on the other hand, the laparotomists may with equal justice be criticised for leaving the uterus, which is entirely useless after the removal of the appendages, and is very liable ultimately to necessitate another operation.

In view of these various difficulties, and in order to profit by the advantages of laparotomy while performing a more radical ablation, it occurred to me to attempt the extirpation of the genital organs in their entirety by way of the abdomen. I thus add to the ablation of the diseased appendages the suppression of a useless organ; and this operation, which is generally easy, and not more serious than laparotomy with simple excision of the appendages or than vaginal hysterectomy, appears to me to afford a means of happily combining, in certain cases presenting unfavorable conditions for the exclusive use of either the vaginal or the abdominal route, the advantages peculiar to each of these two methods of procedure.

Dr. Pozzi: The idea of Dr. Delageniere is by no means new, being continually put in practice on the other side of the Atlantic. I was greatly struck by this tendency among American surgeons to practice total abdominal hysterectomy, and the only explanation which I could obtain of this fact is that they possibly resort to vaginal hysterectomy less frequently than we do. I can, indeed, see no reason why abdominal hysterectomy should take the place of the latter operation, for, in my opinion, in spite of what Dr. Delageniere has said, it is certainly more dangerous than the other.

Dr. Routier: Six or seven years ago I was led to practice abdominal hysterectomy in a case of lesion of the appendages. There existed numerous adhesions, and, the appendages having been removed, the uterus bled to such an extent that I was obliged to undertake, so to say, a hæmostatic hysterectomy. I believe, however, that such an operation is only indicated in exceptional cases, and that it would be rash to make it a routine method of procedure, as Dr. Delageniere seems disposed to do.

Dr. Chaput: I have recently reported six cases in which I really performed the operation proposed by our colleague, in combining the procedures of both the vaginal and abdominal method. The operation seemed to me to be easy; but I must admit that when I tried it a seventh time I ruptured a purulent collection in the abdominal cavity, and the patient died from peritonitis. I am inclined to think, therefore, that too great stress must not be laid on the innocence of this operation.

**DEATH UNDER CHLOROFORM AND
SUIT FOR MALPRACTICE.**

Dr. A. H. Goelet, the noted disciple of Apestoli, together with Dr. E. H. Delphey, of New York, have both been recently conjointly defendants in a suit for malpractice.

It appears that Dr. Goelet, a little more than a year ago, was called to an elderly man, who had necrosis of the first joint of the index finger of the right hand. An amputation was decided on, when Dr. E. H. Delphey was invited in to assist. Now the trouble commenced.

The daughter of the deceased, Lally, and others present at the time of operation, swore that the patient refused vehemently to take any anesthetic; and that the doctors forced it in him; and that they gave chloroform—Dr. Delphey giving the drug, while Dr. Goelet was to operate.

The man had taken but few inhalations when he was dead. Under oath Dr. Goelet testified that at first his patient declined to take an anesthetic but that when he was told that the operation was painful he consented. Chloroform was first given, but ether was substituted early. The plaintiff's counsel fought hard to exclude this testimony of Dr. Goelet, inasmuch as a physician, in law, is not permitted to testify in Court of what transpires between himself and his patient; and particularly in this case, as the patient was dead. Had Judge Charles Truax, before whom the case was tried, sustained this objection, then, of course, the case was quite certain to go against the doctors. But the Judge overruled the objection and permitted the doctor's testimony to go on record.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

NOVEL AND MARVELOUS SKIN GRAFTING.

The patient, F— L— (brakeman on the Lehigh Valley Railroad, born U. S., age 20, single), came to the Demilt surgical clinic on December 22, 1893, with a large tract of the skin and superficial fascia torn off his right forearm, where it had been caught between the buffers of two cars. The denuded muscles were as cleanly exposed, in all the tracery of their fibres and folds, as if prepared by a demonstrator in anatomy, or as delineated in the best-colored anatomical engravings—to an extent of seven inches the longest way and three and a half inches transverse. The arm had been, and remained, totally paralyzed.

The injury was then two weeks old, and in a most unhealthy condition, with a black slough in the centre down to the bone, covered with a sanguineous muco-purulent discharge, and emitting a fœti odor. On receiving the injury (two weeks previously) the patient had been immediately admitted to one of the large hospitals, where, in spite of wet bichloride dressing daily, the sore had steadily grown worse, enlarging both in area and depth. After this had gone on a week or ten days, it became evident to the hospital faculty that amputation would be necessary to prevent gangrene, and they so decided. Naturally, to a poor laboring man, any risk seemed preferable to a final surrender of his ability to get a living, and, declining the operation, he left the hospital, and came to the Demilt clinic.

The wound not having been strapped, as it should have been, the edges had retracted further and further apart and become adherent to the underlying muscles, so that it was now too late to apply this measure for reducing the surface to be healed, and on account of its formidable extent it was deemed advisable to skin-graft it. The wound and surrounding tissues were first thoroughly cleansed with hot water and bichloride-mercury soap, and then thoroughly irrigated with hot bichloride solution, and dressed for the first 48 hours with wet Thiersch dressing. After this prepara-

tion, eight skin grafts under the diameter of a very small pea, were taken from the same arm, applied to the raw surface—one point to about three square inches of it, and shrunk each to the size of a pinhead, and the whole was covered with plain sterilized gauze previously saturated with the bovine blood-preserve. Over this was placed a cover of oiled silk sufficient to overlap everything by at least two inches in all directions, so as to prevent evaporation of the volatile element in the bovine. Over the oiled silk again, a layer of sheet lint was placed, overlapping it also in the same way, and the whole was secured with a cotton bandage.

This dressing, again, was not disturbed for 48 hours; but a most beneficent effect had been immediately experienced, which is peculiar, but invariable, in all such applications of bovine. Up to this moment the patient had suffered incessant pain in the wound, so severe that, for the two weeks and more previous, sleep could be obtained only by the use of powerful anodynes. The application of the bovine was instantly followed by a sense of the most grateful relief, and within a few minutes the pain had wholly disappeared, and (the bovine dressing being continued) never returned! The explanation of this amazing effect, which we shall attempt to give further on, will reveal, if correct, an extremely interesting physiological process not hitherto understood. At present the revolution in skin-grafting engages our attention.

On removing the bovine dressing after the first 48 hours, every graft but one was found firmly adherent in its place, and the whole surface presenting a healthy appearance. The wound was now cleansed with peroxide of hydrogen, and the bovine dressing was applied as before. This was repeated daily for two weeks, and thereafter three times a week until March 6, 1894, when the patient was discharged in perfect repair; the wound being fully covered with healthy skin, having but a comparatively small pink cicatrix, which was not sensitive, hard or contracting the surrounding tissues. This brief, painless and uninter-

rupted cure, occupying only 64 days, and requiring only seven minute points of graft skin for some 25 square inches of new growth which the nourishing blood-preserve built steadily out from each graft over the bare intermediate spaces—creates an epoch in tissue-construction of which the promise is as yet immeasurable; remembering, as we should, that in principle and substance it was but a repetition of a clear physiological process which the blood-preserve has already made invariably practicable in hundreds of cases on record.

It remains to add, that the arm, which had been from the time of the injury totally paralyzed, is restored to full power.

—Sanitary Era.

A METHOD OF ASSUAGING THIRST IN DIABETES.

Any method calculated to assuage the torturing thirst to which so many diabetics are subject is worthy of consideration. *La Medicine Moderne* tells us that the intolerable craving for food which is so characteristic of the sugar-disease may be lessened by the judicious exhibition of pilocarpine. One milligramme (about 1-60 of a grain) of this substance, administered in the form of a pill—with glycerine and gum to make the mass—at the rate of not more than five or six pills per diem is to be recommended. Pilocarpine may also be administered for the purpose in view in the form of an aqueous solution, thus:

	Gram.
R Aq. destill	8
Alcohol (40 deg.)	4
Pilocarp. nitr.	48
S.—The tongue to be moistened with five or six drops of this mixture four or five times a day.	

CHLORINATED LIME IN PRURITUS ANI.

A. L. Berger (*Zemsky Vrach*, No. 13, 1893, p. 213) speaks well of the treatment of pruritus ani by inserting into the orifice (for about 1 inch) a piece of cotton wool soaked in liquor calcis chlorinatae. When slight burning or smarting is felt the plug should be extracted, and the anal region washed out with the same lotion, after which the parts should be left to dry spontaneously. The itching is said to vanish instantaneously, while after a few applications of the remedy any accompanying symptoms (such as swelling, eczematoid rash of the perineum and scrotum, etc.) also disappear.

ERGOT IN MIGRAINE.

Thomson recommends large doses of ergot in migraine. His plan is to administer a drachm of the fluid extract with an equal quantity of the elixir of cinchona, in water, as soon as the premonitory symptoms of the headache are noticed; the patient at the same time is advised to lie down and remain quiet. The dose is repeated after one hour if the headache persist, and again an hour later if necessary. If either of the doses be vomited, a similar quantity should be given per rectum. In several cases of long standing, in which other remedies had failed, the author found ergot gave prompt relief. The good effect was often permanent when intestinal antiseptics had been carried out in the intervals.

Journ. of Nerv. and Ment. Dis.

WALNUT LEAVES IN SCROFULA.

G. P. Rodionoff, of Moscow, on the ground of extensive observations of five years' duration, recommends the old-fashioned popular treatment of scrofula by a prolonged course of a decoction of walnut leaves (*folia nucis juglandis*), which should be used both internally and externally in the form of local washes and general baths, made two or three times weekly. Little children should be given half a cupful, older ones a cupful or even a "jugful" of the "tea" every morning and evening. The leaves prove especially beneficial in cases of itching, eruptions, and enlarged glands. In the author's hands the treatment, the duration of which varied from two months to two years, failed only in a few exceptionally refractory cases, and in impatient and unmanageable children who did not take the "tea" in a regular manner.

Meditzinskote Obozrenie.

PULSATILLA IN HEMICRANIA.

A little girl, 8 years of age, of sad and gentle disposition, suffered for six months with a one-sided headache, usually upon the left side. The pain was situated in the left antero-temporal region, throbbing and stitching in character, especially worse early in the morning, when rising from bed, and in the evening on going to bed; is worse when in a close room, when lying down and when the head is stooped over. When once established the pain continued for several hours at a time and was almost unbearable. Pulsatilla was the remedy indicated and cured the case.

—N. Y. Medical Times.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

PRESBYOPIA.

Dr. G. C. Savage recently read a paper before the Academy of Medicine in Nashville, Tenn., and published it in the "Ophthalmic Record," in which he advocated rhythmic exercises of the ciliary muscle to postpone presbyopia.

He seats the patient fifteen or twenty feet from a lighted candle or lamp, and puts —.50 D. before the eyes. The patient is directed to look at the flame through the lenses for five seconds, and then raises them five seconds, continuing the exercise for five or ten minutes. This is repeated three times a day. The exercise should be commenced not under 40 or over 43 years, and is continued as long as the proper reading distance is preserved.

This method is diametrically opposite to the one usually followed. We have always given place to old-sight, putting on stronger convex lenses as often as is necessary to help the patient read fine print comfortably within twelve to fourteen inches from the eye. Now we are encouraged to sell our accommodating power as dearly as possible and not cater to advancing weakness.

Dr. Savage bases this treatment upon the theory that presbyopia is mainly due to failure in the ciliary muscle. It appears that he does not accept the hypothesis set forth by Donders, that presbyopia is due to the hardening of the crystalline lens. Donders based his hypothesis upon the fact that the centre of the lens hardens at about the age of 20, so we call it a nucleus at that time. The accommodating power is about half lost at 30, and it appears that the lens has lost much of its elasticity at that age. Dr. Savage believes that failure in ciliary power is the chief source of this loss.

The plan set forth in his paper is harmless, and will probably hinder presbyopia to some extent by increasing the nutrition of that body.

J. A. T.

TREATMENT AFTER CATARACT OPERATION.

We were formerly taught to put a piece of isinglass plaster over an eye that had been operated upon for cata-

ract, and not look into it for a week, unless there were special indications to the contrary. This practice was very disagreeable to the patient, and the writer never tried it but once.

A more humane method is to bandage both eyes for 48 hours. The patient usually stays in bed during this time, for the sake of comfort, although it is not necessary. If he moves about, the eye will trouble him, feeling as if it were full of sticks, until the aqueous is restored. Liquid foods should be used during this period.

After 48 hours the patient can sit up and eat as usual. The room is kept light, the patient sitting with his back to the window. Atropine is dropped in the eye twice daily after the third day to prevent iritis. The eye is irrigated twice a day with a warm saturated solution of boric acid in rose water.

This plan is very simple, and gives the patient comfort, which is not to be despised, for it has more or less influence upon the healing process.

Most surgeons give the patient a great deal of care during the night. This is unnecessary. The eye can be shielded with metal plates, or the hands of the patient can be fastened down with half a sheet fastened around the wrists and tied to some part of the bed, so he cannot raise his hands above his chin. One or the other of these plans will take the place of night care.

J. A. T.

NAVY CHANGES.

Changes in the Medical Corps of the United States Navy for week ending May 12, 1894: Surgeon R. A. Marmion, hold himself to relieve Medical Inspector G. A. Bright, on the U. S. S. Newark; Surgeon G. E. H. Harmon, to the U. S. S. Monongahela, June 15, 1894; Assistant Surgeon W. M. Barnum, to the U. S. S. Monongahela, June 1, 1894; Surgeon J. M. Steele, from the U. S. S. St. Louis and to League Island Yard; Surgeon H. G. Beyer, from Naval Academy and to the Bancroft; Pd. Assistant Surgeon Clement Biddle, from League Island Yard and to Marine Rendezvous, Philadelphia, Pa.; Assistant Surgeon J. L. Leys, with one month's leave, with permission to go abroad.

Miscellany.

THIRTEENTH ANNUAL COMMENCEMENT OF THE MEDICO-CHIRURGICAL COLLEGE.

The thirteenth annual commencement of the Medico-Chirurgical College was held Friday noon in the South Broad Street Theatre.

The stage was brightened with hydrangeas and other blooming plants. The procession of graduates and professors entered, clad in black caps and gowns, the sombreness of which was relieved by the college colors, worn on their shoulders by the students, and a profusion of scarlet satin trimmings on the gowns of the professors.

The students ranged themselves in the front rows of the parquet, while the members of the faculty were grouped on the stage around Professor William H. Pancoast, A. M., M. D., president of the Board of Trustees, who presided. After an opening prayer by the Rev. Robert E. Dennison, D. D., the degree of Doctor of Medicine was conferred upon the 38 graduates:

OTHER DEGREES.

The degree of Doctor of Medicine, *summa cum laude*, was awarded to William Blair Stewart, A. M., M. D., and the degree of Medical Doctor, with honor, to James M. Anders, M. D., Ph. D.; Henry C. Boenning, Jr., M. D.; Patrick A. D. Donnellan, M. D., L. R. C. S.; Emanuel S. Gans, M. D., and Ernest Laplace, A. M., M. D.

The address to the graduates was delivered by Professor William Easterley Ashton, M. D., who gave some excellent advice, urging industry as the keynote to success. He spoke of the need of a broad foundation of general knowledge and practice before undertaking the work of a specialist, and also the careful discrimination required in order to choose those lines of work for which each was best adapted. The care of their own bodies, too, was not to be neglected, and he reminded his hearers of the benefits which came to the medical man from relaxation and rest. He asked the young doctors to be self-reliant; to cultivate the faculty of observation, and to exercise great care in all the details of professional work. "But let me also tell you that you must have a heart filled with human sympathy,"

said Dr. Ashton, in concluding. "Our profession deals with life and death, and unless you feel in every fibre of your being the grave responsibilities which will rest upon you, enter not within the sacred portal. Alone, amidst disease, poverty and filth, you will battle for the lives of those entrusted to your care. Could you do this if your heart was not full of humanity, if your whole being did not respond to the call of duty? Alone with your conscience you will stand before Death, guarding from his hateful power those who are dearer than life itself. See to it, therefore, that you do your duty well."

PRIZES AWARDED.

At the conclusion of Dr. Ashton's address the following prizes were awarded:

Faculty prize, a gold medal, for the highest average in the studies of the senior year, to George Washington Pfromm.

Gold medal, for the highest average in second year studies, to Joseph J. Shultis, of Pennsylvania.

Gold medal, for the highest average in first year studies, to Aeneas E. Hayes, of Pennsylvania.

Pancoast anatomical prize, a gold medal for the best dissection work, to Charles Rea, of Maryland.

Obstetrical prize, consisting of instruments, offered by Professor W. Frank Haehnlen, for the best paper on obstetrics, to Edward Adolph Crueger.

Spencer Morris Prize, \$50, for the best examination in medical jurisprudence, awarded to W. F. Powell and Charles Rea.

The exercises closed with benediction pronounced by the Rev. Dr. Dennison.

ANNUAL COMMENCEMENT OF THE JEFFERSON MEDICAL COLLEGE.

The Academy of Music presented a gala appearance Wednesday morning, when, at the 69th annual commencement of the Jefferson Medical College, the degree of Doctor of Medicine was conferred on 163 graduates, by Judge Arnold, of the Board of Trustees, who acted for ex-Mayor Fitler, president of the college, who was unable to be present.

On the stage were seated the trustees, faculty and alumni of the college, while the graduates occupied the greater part of the parquet. Precisely at 12 o'clock the Right Rev. M. A. De Wolf Howe,

D. D., LL. D., offered prayer, which was followed with a selection by the Germania Orchestra, which, previous to the opening exercises, had given a short concert. Judge Arnold then conferred diplomas upon the graduates.

It was also announced by Judge Arnold that the Honorary Degree, LL. D., had been conferred, by authority of the Board of Trustees, upon Hon. Henry W. Williams, of Wellsboro, Justice of the Supreme Court of Pennsylvania; Mr. Benjamin B. Comegys, president of the Philadelphia National Bank, and William Goodell, M. D.

After a selection from "Robin Hood" had been rendered by the orchestra, the Dean of the Faculty, James W. Holland, M. D., Professor of Medical Chemistry and Toxicology, awarded the prizes, as follows:

THE PRIZES.

Gold medal, for the best essay on a subject pertaining to physiology, to Joseph Herman Ross.

Gold medal, for the best essay on a subject pertaining to surgery, to Frederick Hubbell Mills, for his laborious and comprehensive research.

Gold medal to John Kinnear Crawford, for original investigation in surgery, with a certificate of honorable mention of the essay of Charles Pern Robbins.

Gold medal, for the best essay on a subject pertaining to obstetrics, to Benjamin Rammel Veasey.

Gold medal, for the best essay on a subject pertaining to chemistry, to Henry Anthony Strecker.

Gold medal, for the best anatomical preparation, to Ward Brinton.

Gold medal, for the best essay on a subject pertaining to pathology, to J. Coles Brick.

Gold medal, for the best examination in therapeutics, to Charles Stapler Mangum, with certificate of honorable mention to George William Wagner, Jr.

Gold medal for the best essay on a subject pertaining to the practice of medicine, to Francis Joseph Kelly, Jr., with a certificate of honorable mention for the essay of Frederick Hoyer Millener.

The award of prizes was followed with the valedictory, which was delivered by Professor Hobart A. Hare, M. D., who was greeted with enthusiastic applause, and was listened to attentively from beginning to end. In part he said:

THE VALEDICTORY.

"If you are to be successful in your work you must never for a moment cease to keep yourself fully abreast of the times, which never cease to bring forth new thoughts and discoveries. The infant which fails to gradually become in touch with the surrounding world is said to be a case of arrested development, but the young physician who ceases to study new books, the best medical journals, and to study his case carefully, speedily reaches what might be called medical imbecility. The granting

of a degree of doctor of medicine makes you a physician in name rather than in deed, and you must be doctors, in the olden usage of the word, by teaching the profession more of the art of medicine, and not be satisfied with absorbing the light of others and shedding none yourself." He then pointed out the necessity of combining work with pleasure in order to keep in good health. He also spoke of the four famous gynecologists who had graduated from the college, Marion Sims, Batty, Thomas Addis Emmett and Goodell, and urged the graduates to follow in their footsteps.

A part of the address which created a great deal of laughter was the reading of an article in a recent number of the New York Medical Record, which points out the woes of the young physician struggling for practice. It says: "If I call to see a patient frequently, I am trying to run up a bill; if I don't, it is shameful neglect. If I manage to get to church and am called out, it is said I am working an old dodge; if I am too busy to go, I am asked, 'How is it that you doctors are all athirst?' If my wife calls on people, it is because she is trying to get patients for me; if she don't it is because she is too proud. If I cure a patient quickly, the patient was not half as bad as the doctor tried to make out. If, on the other hand, he does not get well rapidly, it is because the doctor did not understand the malady. If a consultation is suggested, it is because I don't know what is the matter. If I say it is unnecessary, it is because I am afraid of showing my ignorance. If the patient gets worse, it is the fault of the doctor; if he gets well, it is the goodness of Providence. If I send my bill promptly they say, 'He is in a hurry for his money;' if I don't, I am unbusiness-like."

Following the address Bishop Howe pronounced the benediction, and the large gathering began to disperse, many of the graduates having received bouquets.

THE AMICK CURE.

The suit of the emulator of the great Keeley, but in a different field, for \$25,000 damages was lately compromised for \$25.00, or on the basis of one dollar on the thousand asked. The "Cure" should be turned loose on a few well authenticated cases of tuberculosis in cattle, the experiment to be carried on under the supervision of a committee from a reputable State society and a representative of the "Cure." Here is an opportunity that Amick should not lose. Meanwhile as an adroit worker of the Associated Press dispatches for advertising purposes the "Cure" takes the capital prize.

—The National Popular Review.